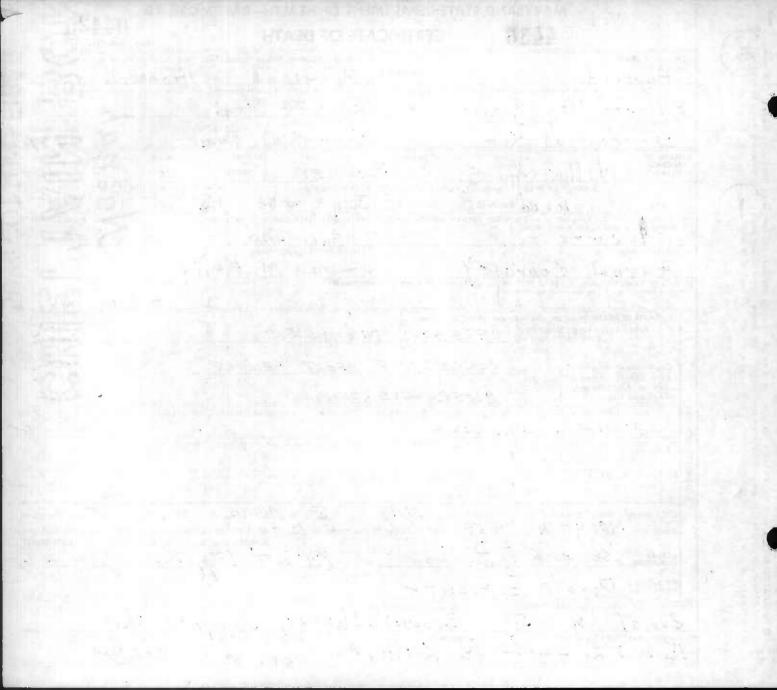
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4436

CERTIFICATE OF DEATH

()4425 Reg. Dist. No.

1. PLACE OF DEATH o. GOUNTY	2. USUAL RESIDENCE (nce before odmission)
Heward	ARYLAND MOTULA	nd	HOWAY	d
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF ST.	AY IN 16 C. CITY OR TOWN (I	f outside corporate lin	nits, write RURAL and	give nearest town)
RURAL and give morest town)	euro Elliantt	CILU:		
d. NAME OF HOSPITAL (If not in hespital give street odd/ess)	d. STREET ADDRESS			e. IS RESIDENCE
CENTENNIAL ROAL	Centennia	al Page	1	ON A FARM? YES NOTE
Coltact training a		A DATE		
DECEASED	Idle Last	4. DATE OF	Month 4	Day Yeor
5. SEX 16. COLOR OR RACE 7. MARRIED TO NIEVER MAI	WARVLET	DEATH		2 1959
MAKKIED [4] INEVEK MAI	11 0 10		E (In years IF UNDER	Doys Hours Min.
	RCED 1 JUly 9, 18	70 68	yrs.	Joys Hoors Willi.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S OR INDUSTRY 11. BIRTHPLACE (Sto	te or foreign country)	12. CIT	IZEN OF WHAT COUNTRY?
Haborer	Maryla	nd :	i), S, A
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
ARVAN BOARdlex	Sarah	M. Kel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY !	NO. INFORMANT	(10)	Address	101
(Yes, no, or unknown) (If yes, give war or dates of service)	Mary Brand	le Cevi	ten3191	+ Noag
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (b)	(2)	7-01	10011 CI	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY				ONSET AND DEATH
IMMEDIATE CAUSE (o)	THROMBOSI	3		1 work
332X DUE TO			- 5	
Conditions, if ony, which) (b) CONCEST	IVE HEART F	PAILURE		lyear
gove rise to immediate couse (a), stating the under-				
(4)	CLEROSIS			CHRONIC
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PAR	RT 1(o) 19. WAS AUTOPSY PERFORMED?
3 PROSTATIC CARCINEMA				YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PROSTATIC CARCINGMA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CARCINGMA 20b. DESCRIBE HOW INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED. (Enter noture of injury i	n Port I or Port II of	tem 1B.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, fo	orm. 20f. (City or toy	(n) (r	County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	foctory, street, office bldg., e	etc.)		(3.3.5)
	2012	00011	0	
21. I certify that I attended the deceased fram				ast saw the deceased
alive an	nat death accurred at 10 X			
ACTUAL Some Od E. 7. 0	GA1) -	ADDRESS (Street, c	ty or town, state)	DATE SIGNED
SIGNATURE SOURCE 6.	M.D. CORE	oll Cily	Md	4-2-5
PHYSICIAN'S DONALD E, FISHER		1.		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	EMETERY OR CREMATORY	22d. LOCATION (City, town, or county)) (Stote)
Burial H-6-59 Brow	NOS Chapel	Datal	no. Me	1
23. FUMERAL DIRECTOR'S SIGNATURE	// // 24g. RE	C'D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE
I whent I suowdentooks	ILLE, MC, DATE	9 7 159	Oction 8. 1	Trues
111011	DA D	R 7 '59	C17700001 201 1	



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DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by Sospital ar attending physicion. TO FUNERAL DIRECTAL Kiter this certificate has been signed by the ottending physician and completely filled in by the	be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 shauld be filled with	rida to burlot, cremotian, or remayal, and in any event within /2 hours offer death.
OR ATTEND	DIRECT	id be detache	prior to burie
TO HOSPITAL	may be reta	page 3 shou	the registrar
1	S A1	5 (4) 0/57	

	MARTIANO	CERTIEIC	ATE OF DEATH	-BALIIMORE, 18	04426
	4437	CERTIFICA	AIE OF DEATH	Re	g. Dist. No.
PLACE OF DEATH o. COUNTY	Howard	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: R b. COUNTY	esidence before admission) HOWard
b. CITY OR TOWN (I	f outside corporate limits, write	c. LENGTH OF STAY IN 16			and give nearest town)
6434 THE	AL (If not in hospitol, give street Washington]	oddress) Blvd	d. STREET ADDRESS	Washington Bl	e. IS RESIDENCE ON A FARM? YES NO [7]
	MARY L CARLL	Middle	Lost	4. DATE Month	Doy Year 1,1959 19
Female	Talled 4 and 1		8. DATE OF BIRTH May 19.1878	9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
during most of work		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	2. CITIZEN OF WHAT COUNTRY
	cy C. Smith		14. MOTHER'S MAIDEN N	AME	
WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.		INFORMANT	Address	Catonsville 2
PART I. DEA 420-1 Conditions, if all gove rise to it	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ty, which mediate (b)	ne for (o), (b), ond (c).	Type	artilles	INTERVAL BETWEEN ONSET AND DEATH ALLOS VICENTIAL ALLOS
lying couse lost. PART II. OTH	(c)				N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	Y Month, Doy, Year 20d. II While	Not while fo	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (Stole)
21. I certify the alive an CLUAL SIGNATURE	at I attended the deceas	(100)		_M, fram the causes and	
PHYSICIAN'S H	Bhann	baugh	El	ladge ?	7111
REMOVAL (Specify) Burial	N, 226. DATE THEREOF			22d. LOCATION City, town, or con	unty) (Stote)
	and the second second	ADDRESS Wilkens Ave.	24a. REC'D	BY REGISTRAR 246. REGISTRAN	SIGNATURE
	b. CITY OR TOWN (IN RURAL OND BY IN RUBBLE ON THE	b. CITY OR TOWN (If outside corporate limits, write RURAL and preparate laws) d. NAME OF HOSPITAL (If not in hospital), give street of the property of the pr	PLACE OF DEATH O. COUNTY HOWARD B. CITY OR TOWN (If outside corporate limits, write RURAL and prepaper lawy) d. NAME OF HOSPITAL (If not in hospital, give street oddress) DENISTITUTE WAS HINGTON BLVD NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) SEX FEMALE 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED DIVORCED HOME FATHER'S NAME HENRY C. Smith WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dates of service) IMPLIED TO Conditions, if any, which gove rise to immediate cause (a), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF ETITHER, NOTIFY MECHALE ALUSE) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COLOR END of work of the deceased from P. M. Doy, P. M. DOY While of the couse (a), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF ETITHER, NOTIFY MECHALE ACUSE) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COLOR END of work of the couse of	PLACE OF DEATH O. COUNTY HOWARD B. CITY OR TOWN (If outside corporote limits, write RURAL and STREET ADDRESS FOR TOWN (If outside corporote limits, write RURAL and STREET ADDRESS FOR TOWN (If outside corporote limits, write RURAL and STREET ADDRESS FOR TOWN (If outside Corporote limits, write RURAL and STREET ADDRESS FOR TOWN (If outside Corporote RURAL and STREET ADDRESS FOR STREET ADDRESS FOR TOWN (If outside County of CARLL) SEX G. COLOR OR RACE FIRST White WIDOWED DIVORCED B. DATE OF BIRTH WILDOWED DIVORCED B. DATE OF BIRTH MAY 19,1878 O. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store Balt) for referred Balt1 FATHER'S NAME HENTY C. SMITH WAS DECEASED EVER IN U. S. ARREE FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 18. INFORMANT NO. 19. INFOR	PLACE OF DEATH C. COUNTY HOWARD LOCATION (If outlide corporate limits, write cure oddress) LOCATION (If outlide corporate

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5)

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VS. A15ME(5)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4435EDICAL EXAMINER'S CERTIFICATE OF DEATH

								3		
1. PLACE OF DEATH a. COUNTY HOW	ard Count	у,	MARYLAN	- 11	o. STATE Mar	(Where decease yland	ed lived. If institu b. COUNT		wa.ro	
B. CITY OR TOWN III and give records! form Rural, ht	f outside corporate limits, writen, Alry	RURAL	c. LENGTH OF STAY IN 1	- 11	c. CITY OR TOWN (Rural,	(If outside corp		RURAL and	give near	rest town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (f not in hos	pital, give street address)		d. STREET ADDRESS RFD #3					ON A FARM?
3. NAME OF DECEASED (Type or print)	Clarence	1	widdle uther Ha	atf	ield	4. DATE OF DEATH	Mont Apri		Day 6	Yeor 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	D DIVORCED		pril 27,		9. AGE (In years lost birthday) 69 yrs.			UNDER 24 HRS.
100. USUAL OCCUPATION during most of working Labore	ng lite, even it retired)		General	USTRY	11. BIRTHPLACE (Stormary)	- •	ountry)		EN OF V	VHAT COUNTRY?
13. FATHER'S NAME Unkno	wn	361		1.	Alice H		.d			
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FO lif yes, give war or doles of	legione	social security no.]17 15-20-7612		neva Hat	field,	Address Wife,	Mt.A	iry,	R D#3
Land and the second second second	TH [Enier only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Co	for (0). (b), ond (c).] rohary occl terioscler(engive	eerdi) ==	ONSET A	DETWEEN NO DEATH
gove rise to immed (o), stoling the cause last.	diote cause underlying DUE TO (c).		vasc	ıla	r diseas	е			10	years
2			ONTRIBUTING TO DEATH BU		4-10-21			EN IN PART	1(o) 19. YES	PERFORMED?
	NTRIBUTING	o. DESCRIBE	HOW INJURY OCCURRED	. (Ente	r noture of injury in Po	ort I or Port II o	of item 18.)			
Y 20c. TIME OF INJUR	19	While of wo	rk at work	oclory,	OF INJURY (Home, for street, office bldg., et	c.)	or town)	(Coun	nty)	(State)
			emains described al			_	spectian 区, determined c		X, c	and find that
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	homas F.	Herb	ert. M.D.	大	ASSISTANT MEDICAL I	CAL EXAMINER	_		4-17	ATE SIGNED
220. BURIAL, CREMATIO PEMOVAL (Specify)	N. 22b. DATE THEREO		22c. NAME OF CEMETERY	10			ION (City, town, o	or county)	1.	(State)
23. FUNERAL DIRECTOR	S SIGNATURE WALTZ	1	SINFIELD.	1	nd DATE	D BY REGISTR		TRAR'S SIGN		u.A.

		The Albert of Market and Albert Street of Market Street St
•		ALL AND ADDRESS OF THE PARTY OF
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Pan Hill Control	
		THE RESIDENCE OF THE PARTY OF T

PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (If o RURAL and give near

d. NAME OF HOSPITA OR INSTITUTION water

NAME OF DECEASED

5. SEX

(Type or print)

13. FATHER'S NAME

100. USUAL OCCUPATION

15. WAS DECEASED EVER 0

180 X

18. CAUSE OF DEATH PART I. DEATH

Conditions, if any gove rise to imm couse (o), stoling the

PART II. OTHER

lying couse lost.

220. BURIAL, CREMATION,

CATION

CERTIFI

MEDICAL

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during most of working

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MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18	
4440 CERTIFIC	ATE OF DEATH	()4429 leg. Dist. No.
toward MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE Mary land COUNTY	Residence before admission)
utside corporate limits, write est town) Mount Airy 15 Weeks	c. CITY OR TOWN (If outside corporate limits, write RUR) X RUYAL - Mt Airu	AL and give nearest town)
(If not in hospital, give sheet address) Sizille Road	d. STREET ADDRESS Waters ville Road	e. IS RESIDENCE ON A FARM? YES \(\) NO
Ervine Ronella	Jones 4. DATE Month OF DEATH April	Doy Yeor 9 1959
COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. Nonths Days Hours Min.
(Give kind of work done of the kind of Business OR INDI	USTRY 11. BIRTHPLACE (State or foreign country) Mary land	12. CITIZEN OF WHAT COUNTRY?
vin Gassoway	14. MOTHER'S MAIDEN NAME Miranda Myers	
N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 219-65-2500	Mrs. Helen Hoy - Mt.	Airy Md
WAS CAUSED BY: AMEDIATE CAUSE (a) A D CO MA I N A	+ Pulmonary Carcinoma	INTERVAL BETWEEN ONSET AND DEATH
which) (b) Hyper nep	hroma	4 months
DUE TO //		
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 2
JNDERLYING 20b. DESCRIBE HOW INJURY OCCURR DICAL EXAMINER)	ED. (Enler noture of injury in Port I or Port II of item 16.)	
Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)

200. ACCIDENT WAS I

(IF EITHER, NOTIFY MI

20c. TIME OF INJURY foctory, street, office bldg., etc.) Hour o. ft. While Not while 19 ot work ot work p. m.

21. I certify that I attended the deceased from 1959, that I last saw the deceased and that death accurred at 650 P.M. fram the causes and an the date stated above. alive an

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL

PHYSICIAN'S NAME (Type) 22b, DATE THEREOF

22d, LOCATION (City, town, or county)

REMOYAL (Specify) WION 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

240. REC'D BY REGISTRAR DATE APR 1 3 '59

24b. REGISTRAR'S SIGNATURE Cirthur S. Krand (Stote)

VS A15 (4) 15M 9/55

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	or to a second remark of the s	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forw.

4 should be forw.

70 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or involved and in any event within 72 hours after death. BM 2/37

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 444 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg. Dis	t. No.
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident	ce before admission)
Howard County MARYLAND	o. STATE Md. b. COUNTY Howe	ard
b. City OR TOWN It outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and s	give nearest tawn)
Ellicott City	XEllicott City	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8 Mary Beth Way	d. STREET ADDRESS 8 Mary Beth Way	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle		
DECEASED (Type or print) Roland F. Kaseme yer	OF DEATH April 5/59	Day Year
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Dys Hours Min.
100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Standard O11 C		USA
Frederick Kasemeyer	Margaret Rollman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT E. Kasemeyer, Ellico	tt City, mo
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Coronary Ocelu	sion	ONSET AND DEATH
420.1 DUE TO		
Conditions, If ony, which) (b)		-5012
gove rise to immediate cause		
(o), stating the underlying DUE 10 couse last.		ab.
	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 200. EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part I or Part It of item 18.)	
	CE OF INJURY (Hame, farm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (State)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquiry	x, and in my
opinion death resolted from: Natural causes . Accident	, Suicide , Homicide , Undetermined mo	Entry .
	/	
SIGNATURE Momes of Heibert	CHIEF MEDICAL EXAMINER	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Thomas F. Herbert, M.D.	DEPUTY MEDICAL EXAMINER 🖸 Apr	il 5, 1959
220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR Burial April 9/59 Loudon Pari		(State)
23. MUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	IATURE
HOTE THE	DATE Orthun 8. A	Kant
dmondson ve.		

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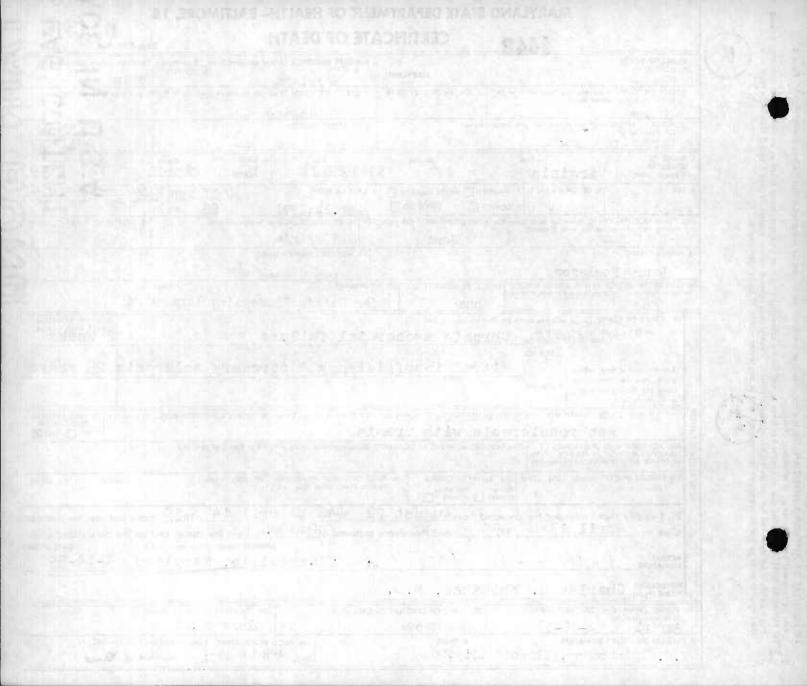
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
4449	CERTIFICATE OF DEATH	R

CERTIFICATE OF DEATH

	4344					Keg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE	E (Where deceased	lived. If institution		befare admis	ssian)
Howard		MARYLAND	Marvla	and	B. COUNTY	Howard	d	
b. CITY OR TOWN (If outs RURAL and give nearest	side carporate limits, write town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corpor	ate limits, write R	JRAL and give	nearest taw	n)
Glenwood			X Gler	wood				
d. NAME OF HOSPITAL (III	f nat in hospital, give stree	oddress)	d. STREET ADDRE	SS				SIDENCE
Burnt Wood	Road		Burnt Wo	od Road				A FARM?
3. NAME OF DECEASED (Type or print) V1	rginia.	Middle K	IMBERL'IN	4. DATE OF DEATH	Apr		14,	Year 19 59
5. SEX 6. 0	COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.
Female	White WIDOW	/ED A DIVORCED	Feb.12,18	371	last birthday) 88 yrs.	Manths Do	ys Haurs	Min.
10a. USUAL OCCUPATION (G during most of working li	live kind of work done 10b	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign co	untry)	12. CITIZE	N OF WHA	T COUNTRY
At Home	ne, even il tenteu)	None	Virgin	nia				
13. FATHER'S NAME			14. MOTHER'S MAIL					
Henry Fogl	Lesong		Monre	Rose				
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17. II	NFORMANT	NOSE.	Addr	ess		
NO (If yes.	give wor or dates of service)	None M	iss Nettie	Kimberli	n,Glenwo	od, Md		
18. CAUSE OF DEATH	Enter only one couse per t	ine for (a). (b), and (c).]					INTERVAL B	ETWEEN
PART I. DEATH W	AS CAUSED BY: Ch	ronic myocar	dial fai	lure		18	NSET AND	DEATH
121.0 mm	DUE TO	TOILO MJOOGI	W. W. L. D. L.	2010			- 1100	ILD
7.00		+ ma 7 . I m a m & & & &	-1 P.		7-		05	
Conditions, if any, v		tral insuffi	crency &	corona.	ry acte	LOSIS	25 y	ears
cause (a), stating the u								
lying cause lost.	(c)							
PART II. OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(a) 19. WAS	AUTOPSY
Nep	hroscleros	is with urem	ia					ORMED?
PART II. OTHER SI	DERLYING 20b. DES	SCRIBE HOW INJURY OCCURRED	D. (Enter nature af injui	ry in Port I or Port	II of item 1B.)			. 63
20c. TIME OF INJURY M Haur a. m. p. m.			ACE OF INJURY (Home, story, street, affice bldg	farm, 20f. (City	or tawn)	(Cour	nty)	(State)
	19 White at wa	rk at wark						
21. I certify that I	attended the decea	sed from August 2	18 1946 ta	April	14 1959	that I las	t saw the	decense
glive on Apri	.1 13 195	9, and that death	accurred at 2:0	OAM from	the course of	ad on the		- J - L -
00				ADDRESS (Ste	eet, city ar town,	nd on me		ATE SIGNE
ACTUAL (LA	1155 hds	Taker, M.	A. Man	ksville	Ma mal	023	1 4 1	
SIGNATURE	700- 2770-		M.b. OTal'	VRATITE	s riary T	and		59
PHYSICIAN'S Char	les S. Whi	taker, M.D.						
220. BURIAL, CREMATION, 2	2b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCAT	ION (City, town, a	r county)	(Sto	tel
REMOVAL (Specify)	4-16-59	Oak Grove			wood, Md		1210	101
23. FUNERAL DIRECTOR'S SIG		ADDRESS	Ja.			TRADIC CICAL	TUDE	
F.C. Higinbot			240.	APR 1 6 '5	Z4D. REGIS	TRAR'S SIGNA		
T. O. UTE THOO	TIOM STATEOUG	OT O'S STATES	DATI	WILL I O S	10	Thung & &	Matth	



CERTIFICATE OF DEATH

04439

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len.	Dist.	No		

VALUE COM.				Neg. Dist.	140.
1. PLACE OF DEATH o. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla:	ne deceased lived. If in		before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, w	rite RURAL and give	e nearest fown)
RURAL and give nearest fown) Ellicott City	3 yrs-7mos	Baltimore		3 VO1.	- 14-
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
Taylor Mano:	r Hospital	3743 Par.	k Heights	Ave.	YES NO
3. NAME OF First DECEASED (Type or print) Juliu:	Middle S	Klavens	4. DATE OF DEATH Ap	Month ril 18	Day Yeor 19 59
5. SEX Male 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH July 31,188	9. AGE (In last birth		YEAR IF UNDER 24 HRS. Days Hours Min,
10a. USUAL OCCUPATION (Give kind of work done lot during most of working life, even if retired) Tailor	o. KIND OF BUSINESS OR INDU	Russia		12. CITIZE	OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
abraham		Leua			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (It yes, give war or dates of service)	5. SOCIAL SECURITY NO. 17.	La Kla	evens	Address Ac	ene
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myocardial f	ailure			4 days
450.0 DUE TO					
Conditions, if ony, which) (b) A	rteriosclerosi	s. general.	severe		years
gave rise to immediate Que To		, , ,			
lying couse last.				100	
		decuh	itus ulcer	8	19. WAS AUTOPSY PERFORMED? YES NO N
2	SCRIBE HOW INJURY OCCURRE				
Hour o.m. Whil		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(Cou	enty) (State)
21. I certify that I attended the decedalive on April 18 , 19		occurred at 5:05	M, from the cau	ses and an the	at saw the deceased
ACTUAL SIGNATURE SUPPLIES LAS I	16 gness	M.D. Taylor Ma	nor Hospit		4/18/59
PHYSICIAN'S Taylor Manor H	ospital, Ellic	cott City, Md			
226. BURIAL, CREMATION, 22b. DATE THEREOF ASMOVAL (Specify) 4-19-1957	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, 1	awn, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE FRUIT LEWI CM - 2100	6 aroun /	land 240. REC'D	0.100	REGISTRAR'S SIGN	ATURE -

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 D FUNERAL DIREC. After this certificate has been signed by the attending physician and completely filled in by the peral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death hospital or attending physician. may be retoined to FUNERAL DIREC

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VS A15 (4) 15M 9/55

	CERTIFICATE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4444 CERTIFICATE OF DEAT

ALITHOUGH,	 Π	4	4	K	
FATH	41	X	I	U	

211	3		Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where	deceosed lived. If institution: Reside	nce before admission)
Howard	MARYLAND	Maryl	and b. COUNTY HOT	ward
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL and	give nearest town)
Rural - Mt. Airv	vears	X Rural	- Mt. Airy	
d. NAME OF HOSPITAL (If not in hospital, give of INSTITUTION R. F. D. # 3 Mt. A	street address)	d. STREET ADDRESS R.F.D.	# 3. Mt. Airy	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First	Middle		DATE Month	Day Year
(Type or print) Jame	s F. M	olesworth	OF DEATH April	5 1959
S. SEX 6. COLOR OR RACE 7.	MARRIED M. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE lost birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
1111100	DOWED DIVORCED	Sept.7,187	5 8375	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	foreign country) 12. C	ITIZEN OF WHAT COUNTRY
Hostler	B.& O.Railroa	d Maryla:	nd	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
Asbury Moleswo	rth	Elizab	eth Diffy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no. or unknown) [[If yes, give war or dates of service		NFORMANT	Address	
NO IT DEATH [Enter only one couse	•	Mrs Mildred	Murphy, Cullen	, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate coese (o), stating the under: lying couse lost. (c)	Carcinoma	Metaste	sercih rois	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITI				RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	t I or Port II of item 1B.)	
Hour a.m.		ACE OF INJURY IHome, form, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the de alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	eceased from Man 1959, and that death au Jual		M, from the causes and on press (Street, city or town, stote)	last sow the decease the date stoted obove DATE SIGNE
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22	d. LOCATION (City, town, or county)	(Stote)
Burial 4/8/59	Montgomery	Meth.	Clagettsville	
23. FUNERANDIRECTOR'S SIGNATURE	ADDRESS Damascu	24a, REC'D B	x REGISTRAR 24b. REGISTRAR'S SI Circling &	

	TADRITIES	2
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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	1
tems	1.2 FilmG242 5-1	8-59 et	

LA45 CERTIFICATE OF DEATH

()4434 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Homeord			MARYLAI	ND	2. USUAL RESID		here decease		COLINTY		ence befo		
b. CITY OR TOWN	(If outside corporate limit	s, write	c. LENGTH OF STAY IN	16	c. CITY OR 1		outside corpo	rote limit					
RURAL and give	Fulton				Hi/gh	land	Balt	imor	0 7	(3 x	- 2	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, gi	ve street	address)		d. STREET A	DDRESS						e. IS RES	IDENCE
	rsing Home				1520	Ing	lesid	е,	Zone	7			NO
3. NAME OF	Fire	1	Middle		los	t	4. DATE		Mon	th	Do	ıv	Year
(Type or print)	STELLA	-	OSHER				OF DEATH		Apr		22		19 59
5. SEX		7. MARE	RIED NEVER MARRIED		. DATE OF BIRTH	1		9. AGE lost b	(In years irthdoy)	Months Months		Hours	R 24 HRS.
Female	White	WIDOWI	ED DIVORCED			1879	?	80	Zyrs.	Monnis	Doys	Hours	min.
10a. USUAL OCCUPAT	ION (Give kind of work darking life, even if retired)	ane 10b.	KIND OF BUSINESS OR II	NDUST	RY 11. BIRTHPL	ACE (Stote	or fareign c	auntry)		12. C	ITIZEN C	F WHAT	COUNTRY?
None	and the second		None		Balt	imore	,Md						
13. FATHER'S NAME					14. MOTHER'S						4		
11-3	known					7.1	inknow	2					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		111110111		Addi	# 15			
(Yes, no or unknown)	(If yes, give war ar dates of se	rvice)	None	Maar	sing Ho	me Re	cords						
	EATH [Enter only one cou	so per li		nui	DILLE HO	ine tre	COLUB				LINIT	ERVAL BE	TIA/EEAI
	ATH WAS CAUSED BY:	TT									ON	ET AND	DEATH
446X	IMMEDIATE CAUSE (a)	Ur	emia								7	day	78
	DUE TO												
Conditions, if		Ne:	phrosclero	818	3						5	yes	ars
cause (a), stating	DIJE TO												
lying couse lost	, (c)												
PART II. O	THER SIGNIFICANT CON	OTIONS C	CONTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDI	TION GIV	EN IN PA	ART 1(0)	9. WAS	RMED?
3	Land Control												NO 🔀
PART II. O	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	URPED.	(Enter nature o	f injury in	Port I ar Por	t 11 of ite	m 18.)				
	Y MEDICAL EXAMINER)												
20c. TIME OF INJU	. , , ,		NJURY OCCURRED 204	e. PLAC	CE OF INJURY	Home, farm	n. 20f. (City	ar town			(County)		(Stote)
Hour a.m.	10	While at war	Not while	facto	ory, street, affice	bldg., etc	:-)						
			1. 0	_	1954		4-2	2-	, EQ			-1	deceased
	that I attended the					,	D		1922	_,that	l last so	aw the	deceased
alive an	77617	_, 192	2, and that de	eath e	occurred at						the da		
ACTUAL /	11.1.1	11	waker.				ADDRESS (S	. ,			7		TE SIGNED
SIGNATURE	MARIES 3-	you	weren,	M	.D		Clar	KSV.	гтте	2 148	aryı	and	
PHYSICIAN'S	Ø	1.71	4 4 - 1 M	D								1.	07 5
NAME (Type)			itaker, M.	ע.								4-	-23-5
220. BURIAL, CREMATI REMOVAL (Specific	ON. 226. DATE THEREO		22c. NAME OF CEMETER	RY OR	CREMATORY		22d. LOCA	TION (Cit	y, town, c	r county)	(Stote	•)
Burial	4-24-59		New Cat	hed	ral		Bal	Ltimo	re.M	6			
23. FUNERAL DIRECTO			ADDRESS			240. REC'	D BY REGIST		4b. REGIS		SIGNATU	RE	
F.C. Higin	nbothom, Elli	cott	City, Md			DAPR	2 7 '59		arth	. 0	4		
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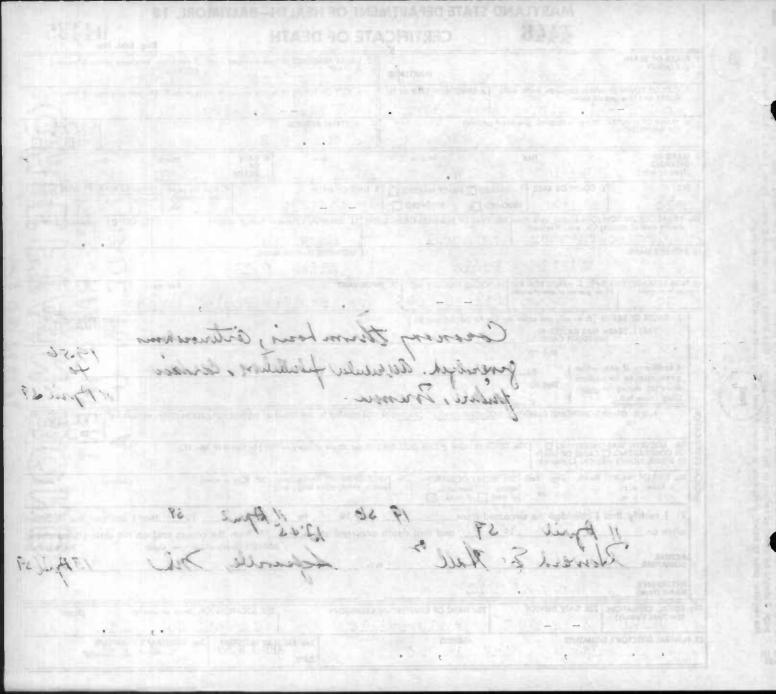
VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
4446	CERTIFICATE OF DEATH	R
	2. USUAL RESIDENCE (Where deceased lived. If institu	ution:

CERTIFICATE OF DEATH

						•		Reg.	Dist. No).	
1. PLACE OF DEATH 0. COUNTY	TT 3	M.	MARYLAND	- 11	USUAL RESIDENCE (WHO. STATE	200	d lived. If institution b. COUNTY.		lence bef	ore odmiss	ion)
	Howard				Maryla		Н	owa	VIII		1.77
B. CITY OR TOWN RURAL ond give to	(If outside corporate limit	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL on	d give ne	earest town	1)
rural-	-Mt. Airy		33 yrs.	\mathbb{Z}	Rural N	It. A	iry				
d. NAME OF HOSP	ITAL (If not in hospital, gi	ve street	oddress)	1	d. STREET ADDRESS	1.0				e. IS RES	SIDENCE FARM?
				- 1/	R.D. #	2					NO 🗌
3. NAME OF	Firs	ıt	Middle		last	4. DATE	Mon	th	D	ay	Year
(Type or print)	HOWARD		R.	P	OOLE	OF DEATH			77		19 59
5. SEX		7. MARR	IED NEVER MARRIED		ATE OF BIRTH	1	9. AGE (In years		ER I YEA	R IF UND	~//
male		WIDOWE					lost birthdoy)	Months		Hours	Min.
			KIND OF BUSINESS OR INC	LICTRY	7-13-1887		yrs.	110			
during most of wor	rking life, even if retired)			USIKT			country)	12. 0	LITIZEN	OF WHAT	COUNTRY
	carpenter		general		Marylar	-			U,	S.	
13. FATHER'S NAME	TAT# 7 7 %			1.	4. MOTHER'S MAIDEN N						
	Willian		oole		Eliza	Hall					
(Yes, no. or unknown)	ER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO. 17.	INFO	RMANT		Adde	1953		5151	
no			14-16-6635	M	rs. Paulir	ie Po	ole, s	ame			
1B. CAUSE OF DE	ATH [Enter only one cou	se per lig	e for (o), (b), and (c).]						LINI	ERVAL BE	TWEEN
	ATH WAS CAUSED BY:	(44 4 - 4 - 4 -	1			1	-	ON	SET AND	DEATH
420.1	IMMEDIATE CAUSE (0)		ounty	14	rom row	10	muner	2001		000	-1
	DUE TO				1 1 1 11	1	1. 1	1		170	0
Conditions, if a		yes	yraya, ay	ALL	men Lanne	wwy.	, carnic	v		40	
cause (a), sloting	the under- DUE TO	010	Lui Zu						14	A.	200
lying couse lost.	, (c).	70	way mes	n	C				_ ("	1. 10	mc s
PART II. OT	HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH BE	UT NO	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN P	ART 1(o)	19. WAS	AUTOPSY RMED?
3		1000									NO 🗌
PART II. OT	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in f	ort I or Por	t II of item 1B.)				-
(IF EITHER, NOTIFY	MEDICAL EXAMINER										
20c. TIME OF INJUI	RY Month, Day, Year	20d. IN	JURY OCCURRED 20e.	PLACE	OF INJURY (Home, farm,	20f. (City	or town)		(County)		(Stote)
Hour o. n.	19	While	Not while of work	foctory,	street, office bldg., etc.)			(Coomy)		(3,0,0)
			10		,	/ //	1. 10				
21. I certify t	hat I attended the	decease	ed from //	3	2, 19, to//	ATAM	2 , 1957	,that	last s	aw the	decease
alive on	4 Bril	., 12.	, and that dea	th oc	curred at 24 4	_M, from	n the causes a				
6	511		1 10 02				treel, city or town,				TE SIGNE
ACTUAL SIGNATURE	Howard	30	Hell	MD	Sehr	relle	- mil	1		131	2,11
		1		_,,,,,,,,	7					-4-8-6	in me
PHYSICIAN'S NAME (Type)	HOWARD E	6. H	ALL		MELLINA.					-	
	ON, 226. DATE THEREOF		22c. NAME OF CEMETERY	OF CO	EMATORY	224 1001	YOU (Cit				
REMOVAL (Specify	4-14-19					~	TION (City, town, o		202	(Stote	*)
22 EUNERAL DIRECTOR	7 -4 -1	779	Taylorsv	44		Car		- 1	Md.		
23. FUNERAL DIRECTOR	Waltz.	Win	field, Md.		24a. REC	PAX REGIST	RAR 24b. REGIS	TRAR'S	IGNATU	RE	
0 . 111 .	THULL OLD 9	41 777	TTOTA, MAG.		DATE		4	- Commy	A 14	aug.	



EOR STATE HEALTH DEPT.

PLACE OF DEATH

b. CITY OR TOWN (If outside corporate limits, write I

d. NAME OF HOSPITAL OR INSTITUTION (IF

Howard County Live St.

10o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)

1B. CAUSE OF DEATH | Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

PART II, OTHER SIGNIFICANT CONDI

Walter Reed 15. WAS DECEASED EVER IN U. S. ARMED FORCE

Conditions, if any, which

gave rise to immediate cause

(o), stoling the underlying

200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH.

45 ARIM. 4-7-59

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

21. I certify that I took charge a

opinion deoth resulted from: No

20c: TIME OF INJURY

ACTUAL

NAME (Type)

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

EUGENE

White

6. COLOR OR RACE

DUE TO

(b)

20b.

Month, Doy, Year

George E. Burgtorf

F.C. Higinbothom, Ellicott City, Md

4-10-59

West Friendship

Howard

NAME OF DECEASED (Type or print)

Male

No

Truck Driver

13. FATHER'S NAME

couse lost.

5. SEX

files. Heolth, 90 Board for ond 3 to the funeral d ond 3 to the funeral d e 5 may be retained fo d 2 with the State Boo 2 hours after death. Poge ! poges I and emoval, 6 buriol, or to pri 0 should be forw FUNERAL DIRECTOR: its designated

death. cuted within 24 hours after them 18. Give Pages 1 along with form PM3. ing the word "pending" in pencil in Item 18. (the Chief Medical Examiner's Office along with age 3 should be used as a burial-transit permit. DEPUTY 2 5M 2/57

VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ICAL EXAMINER'S	CERTIFICAT	TE OF	DEATH	()	14	30				
				Reg. Dis	Reg. Dist. No.					
	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) and AND AND AND AND AND AND AND AN									
MARYLAND										
c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside cor	porate limits, write	RURAL ond	give ne	orest to	wn)			
	Staunton			83X-	3		V			
t in hospital, give street address)	d. STREET ADDRESS					e. IS RESIDENCE				
k Auction	317 E. Hampton St.					YES NO				
Middle	Last	4. DATE	Mont	h	Day	Y	ear			
YLOR REED		DEATH	4-17-59		00,		9			
	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR	-	ER 24 IHRS			
DOWED TO DIVORCED TO			lost birthday)		ays	Haurs	Min.			
10b. KIND OF BUSINESS OR INDUST		09	49 yrs.	10 61717			501111001			
TOO. KIND OF BUSINESS ON INDUSTRI	II. BIKITII EACE (SIGIE	or roreign c	country)	iz. Citiz	IN OF	WHAT	COUNTRY			
Trucking	Virgin:	ia								
	14. MOTHER'S MAIDEN N	IAME								
	Many Tu	200								
16. SOCIAL SECURITY NO. 17. IN	FORMANT ATY LUC	76.12	Address							
225-24-4506 Jan	net Hildebran	nd,Sta	unton. Va							
r line for (a), (b), and (c).]					INTER	VAL BETWE	IFN			
Carbon Monoxide Po	niconina				ONSET AND DEATH					
AT DOM MONOXING PO	Taourus					Mi	0.			
NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	(o) 19		AUTOPSY RMED?			
					Y	ES 🔲	NO K			
SCRIBE HOW INJURY OCCURRED. (En	nter nature of injury in Port	I or Port II	of item 18.)							
ed hose to exhaus	t pipe into	car								
20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, form,	20f. (City	or town)	(Cauni	(y)		(State)			
While of work Nat while I I Ve	StockMarket		Friends			5.6	Md			
		1 1100			-					
the remains described obov		_	spection x,	Inquiry			d in my			
rol_causes, Accident [], Suicide 📆, F	domicide	, Undete	rmined mo	onne					
12 + 1										
Il I mal	CHIEF MEDICAL EV	AMAINIED ET				DATE S	IGNED			

ASSISTANT MEDICAL EXAMINER

APR BY REGISTRAR

22d. LOCATION (City, town, or county)

Kinley, Va

24b. REGISTRAR'S SIGNATURE

(Stote)

DEPUTY MEDICAL EXAMINER

DATE

22c. NAME OF CEMETERY OR CREMATORY

Brethern Church

ADDRESS

S PERSONAL PROPERTY OF PROPERTY AND AND AND ASSESSMENT. The same of the same of the party in the contract to the party and the same of Book Breed at the should be on at the

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Pa		TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the 🤾 all dire		-
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
4448	CERTIFICATE OF DEATH	

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jower RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 090 OR ANSTITUTION YES NO D 3. NAME OF First Middle 4. DATE Yeor DECEASED Elizabeth WRIGHT (Type or print) DEATH 19 4 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED A DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN TO days PART I. DEATH WAS CAUSED BY Chronic myocardial failure IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic heart disease Conditions, if ony, which 15 years gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Cerebrovascular accident with right hemiplegia YES NO X 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour a. m. foctory, street, office bldg., etc.) While Not while of work March 5. 59 to April 6 1959, that I last saw the deceased 21. I certify that I attended the deceased fram. 1959___, and that death accurred at 11:00PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Clarksville. PHYSICIAN'S Charles S. Whitaker. M.D. NAME (Type) 220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arilling S. House DATE APR 1 0 '59

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